

Request for Calendar Change Form

Tracking No:
(Senate Secretary's Office
use only)

Date:

To	Secretary of Senate	
From	Name(Dean):	Faculty
	Dr. John O'Meara	Faculty of Education
	Department the change relates to	
	Professional Development in Education	
	Contact Person	
	Dr. Teresa Socha	

Is the proposed calendar change Undergraduate

Instructions:

1. In all cases please complete and attach section 1 and 2
2. If the calendar change affect other departments/schools/faculties complete and attach section 3
3. If the answer to any of the questions below is yes, explain. Attach separate sheets with reference to the question

- | | | |
|--|---------------------------------|---|
| 1. Do the proposed changes affect other departments/ schools/faculties in terms of their calendar change? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 2. Is a transition plan needed for student in progress? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 3. Are the proposed changes likely to affect student enrollment in your department/school/faculty? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 4. Are the proposed changes likely to affect student enrollment in other departments/schools/faculties at Lakehead University? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 5. Will the proposed changes require additional teaching space and/or teaching staff and/or equipment and/or other resources? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 6. Will the proposed changes affect existing teaching loads within your department/school/faculty? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 7. Will the proposed changes increase demand for teaching support services such as the library, computing services and technical staff ? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 8. Will the proposed change require direct or in-kind support from outside the academic unit? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 9. Do the proposed changes include change in course(s) which is/are required core course(s) for a major? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> |
| 10. Do the proposed changes include a change in course which is | Yes | No |

- | | | |
|--|------------------------------|--|
| service/required course(s) in another program? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Do the proposed changes include change in course(s) which is/are open elective available to any student in any program? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 12. Do the proposed changes include change in course(s) which is/are elective in a major i.e. restricted to students in a major? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Signatures: 

Date approved by faculty council
22/10/2010

<p>Section 1</p> <p>Description of the Proposed Calendar Change:</p> <p>Religious Education Part II be created and calendared as EDUC 4XXX with the following course description</p> <p>Credit Weight: 1.0</p> <p>Prerequisite(s): Part I (on Certificate of Qualification); one year of teaching; signature of supervisory officer</p> <p>Description:</p> <p>This course provides candidates with a further understanding of Scripture, Catholic faith formation, and the role of sacrament, prayer, and spirituality and their implications for teaching and learning in a Catholic school environment. It will also discuss moral and ethical issues facing Catholic educators today.</p> <p>Rationale of the Proposed Calendar Change(s): (Corresponding to Section 2 where required)</p> <p><input type="checkbox"/></p> <p>This Schedule D additional qualification course is being developed and will be submitted to the Ontario College of Teachers for initial accreditation. The course must be calendared in order for it to be offered.</p>
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Section 2

Existing Calendar Entries:
(Page reference based on hard copy or
URL based on electronic version of
calendar)

Proposed Calendar Entries/Addition/ Deletion
-If only addition, specify page number and
placement in university calendar
-If only deletion, write Deleted

EDUC 4XXX: Religious Education Part II

Credit Weight: 1.0

Prerequisites(s): Part I (on Certificate of
Qualification); one year of teaching;
signature of supervisory officer

Description:

This course provides candidates with a further
understanding of Scripture,
Catholic faith formation, and the role of
sacrament, prayer, and spirituality and
their implications for teaching and learning in a
Catholic school environment. It
will also discuss moral and ethical issues facing
Catholic educators today.

Section 3

The Faculty(ies) affected by the proposed calendar change

Faculty of Education

I have been consulted regarding the attached calendar change and understand the academic and budgetary implication on my Dept./School/Faculty.

I agree to this calendar change proposal

Yes

No

Name:

Dr. John O'Meara

Faculty:

Faculty of Education

Date:

Oct 26, 2010

Signature of Dean

